

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8864

STATE FILE NUMBER

FILED SEP 24 1962

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b
35 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION City Hosp.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
4257a Norfolk

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First ROBERT

Middle L.

Last GAMBLIN

4. DATE OF DEATH

Month Day Year
Sept. 12, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/14/02

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
or last occupation, even if retired)

Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

Building

11. BIRTHPLACE (City and state or country)

Kennett, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Gamblin

13b. MOTHER'S MAIDEN NAME

Katie Morris

14. NAME OF HUSBAND OR WIFE

Lemma Gamblin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, never unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address
Lemma Gamblin, 4257a Norfolk,

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Advanced emphysema of lungs
Cardiac hypertrophy
527.1

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

9/14/62

23c. NAME OF CEMETERY OR CREMATORY

St. Trinity

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

24. FUNERAL DIRECTOR

ADDRESS

McLaughlin, 2301 Lafayette,

25. DATE RECD. BY LOCAL REG.

SEP 13 1962

26. REGISTRAR'S SIGNATURE

Keat Smith, M.O.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

2 21 8

3

4 0

5 1

6

7 0

8 1

9

10

11

12 75-3

13

75

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

H. G. Farris

Licensed Embalmer No.

3384

P. O. Address

H. G. Farris

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.